STATE OF NEVADA

NEVADA DEPARTMENT OF AGRICULTURE

certify that the above entries are accurate and true to my knowledge. Agent's locations location		_								Date		Dealer No
								:		(Please print)	Name of Purchaser	Dealer No.
									- }	Address		REGISTRY FOR PURCHASE OF
										YES Their name or Certification No.		
										NO Purchaser's Certification No.	Will certified person be employed to make application?	TED-USE P
								Brand Name of Pesticide		RESTRICTED-USE PESTICIDES Report for month of 20		
										Amount		nth of
	A CALL THE PARTY OF THE PARTY O									EPA Reg. No.		***************************************
										EPA Est. No.		20

Name of REGISTERED Dealer

... Agent Signature.

.....Phone No.....